



RECALL STOCK RESPONSE FORM

**RECALL of Ceftriaxone for Injection USP, 250mg Ceftriaxone for Injection USP, 500mg Ceftriaxone for Injection USP, 1g Ceftriaxone for Injection USP, 2g
(Retail Level)
(01/07/2019)**

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

Customer Name _____ DEA # _____
**DEA # is required, if it is not provided, the processing of your form will be delayed.*

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Contact Signature _____ Date _____

I have checked my stock and:

_____ Do not have any stock of the recalled **items**.

OR

I have quarantined and listed in the box below the quantity of recall units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels _____.

Size	NDC (10 pack)	NDC (Single Vial)	Lot Number	Expiry Date	Full 10 Packs Being Returned	Individual Vials Being Returned
250mg	68180-611-10	68180-611-01	C600182	09/2019		
	68180-611-10	68180-611-01	C600136	08/2019		
	N/A	68180-611-01	C600142	08/2019		
	68180-611-10	68180-611-01	C700147	05/2020		
	68180-611-10	68180-611-01	C700207	09/2020		
500mg	N/A	98180-622-01	C600218	09/2019		
	68180-622-10	98180-622-01	C600219	09/2019		
	68180-622-10	98180-622-01	C600126	08/2019		
	68180-622-10	98180-622-01	C600127	08/2019		
	68180-622-10	98180-622-01	C600137	08/2019		
	68180-622-10	98180-622-01	C600143	08/2019		
	N/A	98180-622-01	C600173	08/2019		
	68180-622-10	98180-622-01	C700146	05/2020		
	68180-622-10	98180-622-01	C700208	09/2020		
	68180-622-10	98180-622-01	C700209	09/2020		
1g	68180-633-10	68180-633-01	C600106	05/2019		
	68180-633-10	68180-633-01	C600108	05/2019		
	N/A	68180-633-01	C600110	05/2019		
	68180-633-10	68180-633-01	C600174	09/2019		
	68180-633-10	68180-633-01	C600179	09/2019		
	68180-633-10	68180-633-01	C600180	09/2019		
	68180-633-10	68180-633-01	C600181	09/2019		
	68180-633-10	68180-633-01	C700110	03/2020		
	68180-633-10	68180-633-01	C700111	03/2020		
	68180-633-10	68180-633-01	C700131	05/2020		
	68180-633-10	68180-633-01	C700132	05/2020		
	68180-633-10	68180-633-01	C700138	05/2020		
	N/A	68180-633-01	C700143	05/2020		
	68180-633-10	68180-633-01	C600128	08/2019		
	N/A	68180-633-01	C600130	08/2019		
	68180-633-10	68180-633-01	C600138	08/2019		
	68180-633-10	68180-633-01	C700108	03/2020		
	68180-633-10	68180-633-01	C700109	03/2020		
	68180-633-10	68180-633-01	C700112	03/2020		
	68180-633-10	68180-633-01	C700129	05/2020		
	68180-633-10	68180-633-01	C700130	05/2020		
	68180-633-10	68180-633-01	C700142	05/2020		
	68180-633-10	68180-633-01	C700145	05/2020		
	N/A	68180-633-01	C700113	03/2020		
2g	68180-644-10	68180-644-01	C600109	05/2019		
	68180-644-10	68180-644-01	C600129	08/2019		
	68180-644-10	68180-644-01	C600135	08/2019		

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____ DEA # _____

City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com